

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MONTANA
TRANSCRIPT DESIGNATION AND ORDERING FORM

Please read instructions.

1. NAME AUSA Cyndee L. Peterson		2. PHONE NUMBER 406-542-8851	3. DATE 7/12/18	
4. MAILING ADDRESS P.O. Box 8329		5. E-MAIL ADDRESS cyndee.peterson@usdoj.gov	6. CITY Missoula	7. STATE MT
8. ZIP CODE 59807	9. JUDGE Morris	10. CASE NAME U.S. v. Kutzera		
11. U.S. DISTRICT COURT CASE NUMBER CR 17-48-GF-BMM		12. COURT OF APPEALS CASE NUMBER 18-30144		
13. ORDER FOR				
<input checked="" type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY		
<input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER - Specify		

14. TRANSCRIPT REQUESTED - Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.

PORTIONS	DATE(S)	REPORTER	PORTIONS	DATE(S)	REPORTER
Change of Plea	3/5/18	Heinze	Closing Argument - Plaintiff		
Pre-trial Proceeding			Closing Argument - Defendant		
Voir Dire			Settlement Instructions		
Opening Statement - Plaintiff			Jury Instructions		
Opening Statement - Defendant			Sentencing		
Testimony - Specify Witness			Other - Specify		

15. ORDER

CATEGORY	ORIGINAL Includes certified copy to clerk for records of the Court	FIRST COPY	ADDITIONAL COPIES	FORMAT REQUESTED			
				Each format is billed as a separate transcript copy.			
				Paper	Specify File Format		
30-Day	\$3.65/page <input checked="" type="checkbox"/>	\$.90/ page <input type="checkbox"/>	\$.60 page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII <input type="checkbox"/> A-Z word index	PDF	<input checked="" type="checkbox"/>
14-Day	\$4.25/page <input type="checkbox"/>	\$.90/page <input type="checkbox"/>	\$.60/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII <input type="checkbox"/> A-Z word index	PDF	<input type="checkbox"/>
7- Day	\$4.85/ page <input type="checkbox"/>	\$.90/ page <input type="checkbox"/>	\$.60/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII <input type="checkbox"/> A-Z word index	PDF	<input type="checkbox"/>
DAILY	\$6.05/page <input type="checkbox"/>	\$1.20/ page <input type="checkbox"/>	\$.90/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII <input type="checkbox"/> A-Z word index	PDF	<input type="checkbox"/>
HOURLY	\$7.25/page <input type="checkbox"/>	\$1.20/ page <input type="checkbox"/>	\$.90/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII <input type="checkbox"/> A-Z word index	PDF	<input type="checkbox"/>

16. & 17. CERTIFICATE OF SERVICE, DISTRIBUTION and PAYMENT

E-file this form with the clerk's office, mail to opposing counsel if they are not electronic filers and serve the court reporter.

If payment is authorized under CJA, complete CJA 24 form through box 15 and attach to this order when e-filing.

Financial arrangements must be made with the court reporter before transcript is prepared.

I certify that this form has been served on the court reporter this date: 7/12/18 Attorney signature: /s/ Cyndee L. Peterson

Date order received by court reporter: _____ Expected transcript completion date: _____